



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Sentrix Pharmacy and Discount, L.L.C.

Respondent Name

New Hampshire Insurance Company

MFDR Tracking Number

M4-16-2624-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

April 29, 2016

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The insurance carrier, Gallagher Bassett, failed to take final action on the claim within the 45-day period set forth in TAC §133.240. Specifically the claim was submitted and received by the provider on 1/26/16 ... Sentrix resubmitted the bill for reconsideration and it was received by the carrier on 3/8/16 ... No action was taken on the claim until 4/12/16..."

Amount in Dispute: \$2,289.71

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Rising Medical Solutions has reviewed the provider's dispute concerning the bill for this date of service. Based upon our review, we are not recommending payment to this provider..."

Based upon our initial review, payment was going to be allowed but our client First Group/Gallagher Bassett determined that the charges were not related or medically necessary as a result of a workplace injury. The issue is the use of a topical analgesic is considered [sic] an experimental treatment and according to SOAH DOCKET NO. 454-16-1884.M4-NP, a compound cream must have preauthorization since it has not been accepted as the prevailing standard of care."

Response Submitted by: Rising Medical Solutions, Inc.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 18, 2016	Pharmacy Services - Compound	\$2,289.71	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.305 sets out the procedures for resolving medical disputes.

2. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
3. The submitted documentation does not include explanations of benefits that meet the requirements of 28 Texas Administrative Code §133.240.

Issues

1. Did New Hampshire Insurance Company raise relatedness issue in accordance with 28 Texas Administrative Code §133.307?
2. Did New Hampshire Insurance Company raise a retrospective medical necessity issue in accordance with 28 Texas Administrative Code §133.307?
3. Did Sentrix Pharmacy and Discount, L.L.C. (Sentrix) provide documentation that it submitted a bill to New Hampshire Insurance Company in accordance with 28 Texas Administrative Code §133.307?

Findings

1. 28 Texas Administrative Code §133.305(b) requires that extent of injury disputes be resolved prior to the submission of a medical fee dispute for the same services. In its position statement, Rising Medical Solutions (Rising) stated on behalf of New Hampshire Insurance Company that it was “determined that the charges were not related ... as a result of a workplace injury.”

28 Texas Administrative Code §133.307(d)(2)(F) states, in relevant part, “The response shall address only those denial reasons presented to the requestor prior to the date the request for MFDR was filed with the division and the other party. Any new denial reasons or defenses raised shall not be considered in the review.”

Review of the submitted documentation does not find that New Hampshire Insurance Company presented relatedness as a denial reason to Sentrix prior to the date the request for medical fee dispute resolution (MFDR) was filed. The division concludes that this defense presented in Rising’s position statement shall not be considered for review because this assertion constitutes a new defense pursuant to 28 Texas Administrative Code §133.307(d)(2)(F).

2. 28 Texas Administrative Code §133.305(b) requires that medical necessity disputes be resolved prior to the submission of a medical fee dispute for the same services. In its position statement, Rising stated on behalf of New Hampshire Insurance Company that it was “determined that the charges were not ... medically necessary as a result of a workplace injury.”

28 Texas Administrative Code §133.307(d)(2)(F) states, in relevant part, “The response shall address only those denial reasons presented to the requestor prior to the date the request for MFDR was filed with the division and the other party. Any new denial reasons or defenses raised shall not be considered in the review.”

Review of the submitted documentation does not find that New Hampshire Insurance Company presented retrospective medical necessity as a denial reason to Sentrix prior to the date the request for medical fee dispute resolution (MFDR) was filed. The division concludes that this defense presented in Rising’s position statement shall not be considered for review because this assertion constitutes a new defense pursuant to 28 Texas Administrative Code §133.307(d)(2)(F).

3. Sentrix is seeking reimbursement of a compound cream dispensed on January 18, 2016. 28 Texas Administrative Code §133.307(c)(2)(K) requires a request from a health care provider for medical fee dispute resolution to include “a paper copy of each explanation of benefits (EOB) related to the dispute as originally submitted to the health care provider in accordance with this chapter or, if no EOB was received, convincing documentation providing evidence of insurance carrier receipt of the request for an EOB.”

The following documents were submitted by Sentrix:

- A form labeled “Gallagher Bassett Explanation of Benefits” dated April 4, 2016 for total charges \$338.35. This document does not meet the requirements of an explanation of benefits found in 28 Texas Administrative Code §133.240(f)(17), as it does not include specific service codes or descriptions. In addition, the total charges do not match the total charges of the service in question.

- A form labeled “Gallagher Bassett Explanation of Benefits” dated April 8, 2016 for total charges \$8278.06. This document does not meet the requirements of an explanation of benefits found in 28 Texas Administrative Code §133.240(f)(17), as it does not include specific service codes or descriptions. In addition, the total charges do not match the total charges of the service in question.

Sentrix contends in its position statement that the insurance carrier “failed to take final action within the 45-day period set forth in TAC §133.240.” Furthermore, in its reconsideration request, Sentrix also alleges that “Sentrix has not ... received any sort of notification or EOBR.”

The following evidence was provided by Sentrix to support that the pharmaceutical bill for the service in dispute was initially received by New Hampshire Insurance Company:

- A copy of a USPS mail receipt with tracking number 9407 1118 9956 3553 3685 80, postmarked November 25, 2015, which is prior to the date of service.
- A USPS tracking document indicating that a package with USPS tracking number 9414 8118 9956 3388 0488 61 was delivered on January 26, 2016. This document does not support that the service in question was submitted to the insurance carrier.
- A USPS tracking document indicating that a package with USPS tracking number 9414 8118 9956 3154 1537 82 was delivered on March 8, 2016. This document does not support that the service in question was submitted to the insurance carrier.

Because Sentrix failed to provide EOBs or convincing documentation providing evidence of insurance carrier receipt of the request for an EOB related to the service in question, no reimbursement is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

	Laurie Garnes	May 17, 2017
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.